									Α	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective December 29, 1999										09/	Ce C	911	27	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
FC	OR .		NUMBER FILED			NUMBER EXTRA			ΤE	FEE	1	RATE	FEE	
ВА	SIC FEE									345.00	OR		690.00	
TC	TAL CLAIMS		/5 minus 20:			*			9=		OR	X\$18=	7	
	DEPENDENT CI		minus 3 =			*			X39=		OR	X78=	/	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	/	
* If the difference in column 1 is less than zero, enter "0" in column 2								TO	TAL		OR	TOTAL	290	
CLAIMS AS AMENDED - PART II									OMAN LENGTITY			OTHER		
	(Column 1) (Column 2) (Column Column						(Column 3)	SMALL ENTITY			OR 1 I	SMALL		
AMENDMENT A		AF	AINING TER DMENT	3.	PF	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /5	5	Minus	**	20	= ~	X\$	9=		OR	X\$18=		
	Independent FIRST PRESE	1. 3	N OF M	Minus	***	<u> </u>	=	ХЗ	9=		OR	X78=		
	·	.NIAIIO	IN OF MIC	DETIFEE DEF	PEND	CLAIM		+13	30=		OR	+260=		
								ADDIT	OTAL		OR	TOTAL		
		(Column 1) (Column 2) (Column 3)									1	ADDIT. FEE	<u> </u>	
AMENDMENT B	CI		AIMS		HIGHEST					ADDI-	1		ADDI-	
		AF	AINING TER DMENT		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE.	TIONAL FEE	
	Total	*		Minus	**	·	=	X\$	9=		OR	X\$18=		
	Independent	+		Minus	***		=	Х3	9=	·	OR	X78=		
	FIRST PRESE		+13	i0=		OR	+260=							
(Column 1) (Column 2) (Column 3)									OTAL			TOTAL		
									FEE	L		ADDIT. FEE		
4.		CL/	AIMS	Also Harri	1	(Column 2) HIGHEST	(Column 3)	· · · · ·		4001				
AMENDMENT C		AF.	NINING TER DMENT		PR	NUMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	X\$	9= ·		OR	X\$18=		
	Independent	*		Minus	***		=	X39	)= 			X78=		
	FIRST PRESENTATION OF MULTIPLE DE					PENDENT CLAIM					OR	7/10-		
* 11	f the entry in colur	mn 1 is le	ss than th	e entry in colu	mn 2.	write "0" in co	lumn 3.	+13			OR.	+260=		
***!	f the "Highest Nur If the "Highest Nu	mber Pre mber Pre	viously Pa viously Pa	id For" IN THI: iid For" IN THI	S SPA S SPA	CE is less tha CE is less tha	in 20, enter "20." in 3, enter "3."	ADDIT.				TOTAL ADDIT. FEE	<u> </u>	
1	The "Highest Num	ber Previ	ously Paid	d For" (Total or	Indep	endent) is the	highest number fo	und in t	he apı	propriate box	c in col	umn 1.		